

Food and Drug Administration 10903 New Hampshire Avenue Document Control Center - WO66-G609 Silver Spring, MD 20993-000

July 24, 2014

Hartalega NGC Sdn Bhd Ms. Nurul Aisyah Kong Quality Assurance- Senior Manager No. 1 Persiaran Tanjung Lot PT4330 Kawasan Perindustrian Tanjung Jalan B20, 64000 Sepang Selangor Darul Ehsan, Malaysia

Re: K140890

Trade/Device Name: Nitrile Powder Free Examination Glove - White

Nitrile Powder Free Examination Glove - Dawn Blue

Nitrile Powder Free Examination Glove - Dark Violet Blue (DVBU)

and

Nitrile Powder Free Examination Glove - Cobalt Blue (CBLU)

Regulation Number: 21 CFR 880. 6250

Regulation Name: Patient Examination Glove

Regulatory Class: I Product Code: LZA Dated: April 23, 2014 Received: April 28, 2014

Dear Ms. Kong:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,



Erin I. Keith, M.S.
Director
Division of Anesthesiology, General Hospital,
Respiratory, Infection Control and
Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

ATTACHMENT 1.0

INDICATION FOR USE STATEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120 Expiration Date: January 31, 2017 See PRA Statement below.

510(k) Number (if known)	
K140890	
Device Name	
Nitrile Powder Free Examination Glove - Cobalt Blue (CBLU)	
Indications for Use (Describe)	
The Nitrile Powder Free Examination Glove - Cobalt Blue (CBI medical purpose that is worn on the examiner's hand to prevent o	
medical purpose that is worn on the exhibition a finance to prevent	containment octween patient and examine
Type of Use (Select one or both, as applicable)	
Prescription Use (Part 21 CFR 801 Subpart D)	☑ Over-The-Counter Use (21 CFR 801 Subpart C)
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This section applies only to requirements of the Paperwork Reduction Act of 1995.

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The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer Paperwork Reduction Act (PRA) Staff PRAStaff@fda.hhs.gov

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DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120 Expiration Date: January 31, 2017 See PRA Statement below.

510(k) Number (if known)	•
K140890	
Device Name	
Nitrile Powder Free Examination Glove - Dark Violet Blue (DVBU)	
Indications for Use (Describe)	ONTEND in the state of the stat
The Nitrile Powder Free Examination Glove - Dark Violet Blue medical purpose that is worn on the examiner's hand to prevent	
papers and a second sec	
	•
Type of Use (Select one or both, as applicable)	
Prescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)
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Indications for Use

Form Approved: OMB No. 0910-0120 Expiration Date: January 31, 2017 See PRA Statement below.

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510(k) Number (if known)	
K140890	
Device Name Nitrile Powder Free Examination Glove - Dawn Blue	
Indications for Use (Describe) The Nitrile Powder Free Examination Glove - Dawn Blue is a sthat is worn on the examiner's hand to prevent contamination be	non - sterile disposable device intended for medical purpose etween patient and examiner
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Type of Use (Select one or both, as applicable)	<u> </u>
Prescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)
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Concurrence of Center for Devices and Radiological Health (CDRH) (Signature)
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Indications for Use

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510(k) Number (if known)	
K140890	
Device Name	
Nitrile Powder Free Examination Glove - White	
indications for Use (Describe)	
The Nitrile Powder Free Examination Glove - White is a non - is worn on the examiner's hand to prevent contamination betwe	
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Type of Use (Select one or both, as applicable)	
Prescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)
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Concurrence of Center for Devices and Radiological Health (CDRH) (Signature)
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